

**OSAH FORM 1**This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NO:	AGENCY CODE <b>DHR</b>	CASE TYPE <b>AGING</b>	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **Division of Aging -- DEPARTMENT OF HUMAN RESOURCES**Use for **COMMUNITY CARE SERVICE PROGRAM** Cases **ONLY****Check One:**☐ CCSP-SERV-(Community Care Services Program -- Services)☐ CCSP-ELIG-- (Community Care Services Program -- Eligibility)

COUNTY OF NON-AGENCY PARTY'S RESIDENCE: \_\_\_\_\_

DATE OF REQUEST FOR HEARING: \_\_\_\_\_

**CONTACT PERSON IN REFERRING AGENCY and ATTORNEY**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL:  PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:  PAGER:

**NON-AGENCY PARTY and ATTORNEY**

NAME OF EMPLOYEE	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL:  PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:  PAGER:

PARTY REQUESTING THE HEARING: ☐ NON-AGENCY PARTY ☐ NON-AGENCY PARTY'S ATTORNEY

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", attach an outline of the legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state or federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- ☐ No service of documents prior to certification of the file to the agency after a decision  
☐ Service of all documents prior to certification of the file to the agency after a decision  
☐ Service of a copy of the notice of hearing  
☐ Service of a copy of a continuance  
☐ Service of copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.